

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

**X** Declaration Submitted with Initial Filing      OR      Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Dock Number	44757-8
First Named Inventor	VADGAMA, Kiran
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	Herewith
Group Art Unit	Not known
Examiner Name	Not known

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"METHOD FOR MEASURING LIQUID HYDROCARBONS USING REFRACTIVE INDEX"

(Title of the Invention)

the specification of which  
☒ is attached hereto  
OR  
was filed on \_\_\_\_\_ as United States Application Number or PCT International

Application Number \_\_\_\_\_ and was amended on (MM/DD/YYYY) \_\_\_\_\_ (If applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
2,432,403	CANADA	June 13, 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

# DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith: ☒ Customer Number 23971 ☐ Registered Practitioner(s) name/registration number listed below

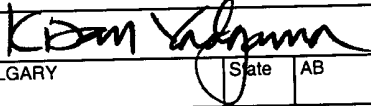
Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or 23971 ☐ Correspondence address below  
Bar Code Label

Name			
Address			
Address			
City	State	Zip	
County	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statement may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
KIRAN		VADGAMA	
Inventor's Signature			Date
			10/9/03
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		Zip	T2N 3X3
		Country	CANADA

☒ Additional inventors are being named on the \_1\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto,

**DECLARATION**
**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
**Page 1 of 1**

<b>Name of Additional Joint Inventor, if Any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])					Family Name or Surname				
ROGER					CHETWYND				
Inventor's Signature		PS. Chet			Date		Oct 9, 2003		
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<b>Name of Additional Joint Inventor, if Any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])					Family Name or Surname				
Inventor's Signature					Date				
Residence: City			State		Country		Citizenship		
Post Office Address									
Post Office Address									
City			State		ZIP		Country		
<b>Name of Additional Joint Inventor, if Any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])					Family Name or Surname				
Inventor's Signature					Date				
Residence: City			State		Country		Citizenship		
Post Office Address									
Post Office Address									
City			State		Zip		Country		